NYPD Internal Case Management and Tracking

INDEX SHEET

CASE #: (075) OG-2020-12433

ITEM NO.	Create Date/Time	ITEM (Include brief description of item/subject matter)
1	10/28/2020 17 05	(Internal Affair Log) INTERNAL AFFAIRS LOG
<u>2</u>	10/28/2020 18:58	(Case Assigned) CASE ASSIGNED
<u>3</u>	11/08/2020 07:00	(No Complainant Notification) NO COMPLAINANAT NOTIFICATION
<u>4</u>	12/09/2020 08:01	(Inactivity For 30 Days) INACTIVITY FOR 30 DAYS
<u>5</u>	12/16/2020 00 46	(Ca e Acknowledged) CASE ACKNOWLEDGED
<u>6</u>	12/17/2020 01:14	(Complainant Notification Attempt (ICMT)) UNSUCCESSFUL COMPLAINANT NOTIFICATION ATTEMPT
<u>7</u>	01/04/2021 04:25	(Complainant Notification Attempt (ICMT)) UNSUCCESSFUL ATTEMPT TO REACH COMPL.
<u>8</u>	01/08/2021 01:14	(Complainant Notification Attempt (ICMT)) SNAIL MAIL REQUESTING A RESPONSE FROM MR BOWEN
9	01/08/2021 03 23	(Allegation Finding (ICMT)) INFORMAL INTERVIEW WITH SUBJECT OFFICER
<u>10</u>	01/08/2021 03:23	(Investigation Acknowledgment) INFORMAL INTERVIEW WITH SUBJECT OFFICER
<u>11</u>	01/08/2021 03:35	(Allegation Finding (ICMT)) INFORMAL INTERVIEW WITH SUBJECT OFFICER
<u>12</u>	01/08/2021 03:35	(Investigation Acknowledgment) INFORMAL INTERVIEW WITH SUBJECT OFFICER
<u>13</u>	01/08/2021 05 50	(Complainant Notification Of Finding (ICMT)) ATTEMPT, COMPLAINANT NOTIFICATION
<u>14</u>	01/08/2021 05:53	(Subject Notification Of Findings (ICMT)) SUBJECT NOTIFICATION
<u>15</u>	01/08/2021 05:59	(Subject Notification Of Findings (ICMT)) SUBJECT NOTIFICATION
<u>16</u>	01/08/2021 06:51	(Case Closing (ICMT)) CASE CLOSING

	ıl Ca e Managemei heet - Internal Affa				Top Allegati FAIL TO PRO		DICAL CAF	RE -	Group 075-075 PRECI Date of Thi Re 10/25/2020	
Date Reported 10/25/2020	Date Assigned	IAB Log No. 2020-25086	Case No. (075) OG-2020	-12433	Folder Type OUTSIDE GI	JIDELINES	;		Follow-Up No.	Worksheet Tracking No. 1388513
Date/Time Report 10/25/2020 01 51	red	SOL Date 04/25/2022	Occurrer 10/25/202	nce From 1 20 01 15	Date/Time			Occurrence 10/25/2020	e To Date/Time	
Contact Type TELEPHONE		Source 911	Source N 1988	Number				Position Nu RECORDED		
Person's Last Na	me, First M.I.			Role COMPLA	AINANT		Status CIVILIA SERVIC	N NON MEM	IBER OF	Res. Pct.
Anonymou NO		Anonymou #		1	Call Back Cod	le	.			
Nickname/Alias/N	liddle Name	•								
Addre							Apt No			NYSID No
Alternate Address	•						Apt No.			
Sex MALE		Race	Date of Birth /1980	Age 40	Height		Weight			
Age From		Age To	Condition	If Injured	l or Deceased L	ocation.	U.S. Cit	tizen		State/Country of Birth
Home Telephone		Bu ine Telephone	Cell Phone	Beeper #	E Mail Addre		Call Ba	ck Phone#		
This Person and Together	Subject Live	Identify Subject?	This Person	n States S	ubject is					
Person's Last Na ELDIASTY, MOHA				Role SUBJECT		Status UNIFORM	м мемве	R OF SERVI	CE	Res. Pct.
MOS TAXID 954765	Comman 075-075 F	Id PRECINCT		Shield 03051						
Appointment Date 07/09/2013	e			Year Emp 7	bloyed					



Nickname/Alias/Middle Name

On Duty	In Uniform	Squad	Chart	Primary Assignment
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PERSON TESTS

Α	llegation										
1	Full Allegation Fail to Take Police Action - On Other Incident	Classification Abuse of Dept Regulations	Allegation Index Fail to Take Action/Investigate/Complete Report	Allegation Date 10/28/2020	Finding -	Finding Date	Allegation Removed NO	Allegation Disposition			
	Comments		•								
2	Full Allegation Fail to Prepare Report - Complaint Report	Classification Abuse of Dept Regulations	Allegation Index FTR-Fail to Take/Make Report	Allegation Date 10/28/2020	Finding -	Finding Date	Allegation Removed NO	Allegation Disposition			
	Comment	·	•								
3	Full Allegation Fail to Prepare Report - Aided Report	Classification Abuse of Dept Regulations	Allegation Index FTR-Fail to Take/Make Report	Allegation Date 10/28/2020	Finding -	Finding Date	Allegation Removed NO	Allegation Disposition			
	Comments										
4	Full Allegation Fail to Provide Medical Care -	Classification Abuse of Dept Regulations	Allegation Index VRP-Violation Rules/Procedures	Allegation Date 10/28/2020	Finding -	Finding Date	Allegation Removed NO	Allegation Disposition			
	Comment			•	•		•				
5	Full Allegation FADO Abuse of Authority - Fail to Provide Medical Care	Classification Abuse of Dept Regulations	Allegation Index FADO	Allegation Date 10/28/2020	Finding -	Finding Date	Allegation Removed NO	Allegation Disposition			
	Comments		•								
6	Full Allegation Fail to Provide Name/Shield -	Classification Abuse of Dept Regulations	Allegation Index VRP-Violation Rules/Procedures	Allegation Date 10/28/2020	Finding -	Finding Date	Allegation Removed NO	Allegation Disposition			
	Comment		•	•	•						
7	Full Allegation FADO Abuse of Authority - Fail to Provide Name/Shield	Classification Abuse of Dept Regulations	Allegation Index FADO	Allegation Date 10/28/2020	Finding -	Finding Date	Allegation Removed NO	Allegation Disposition			
	Comments			1							

Person's Last Name	e, First M.I.		Role SUBJECT	Status UNIFORM MEMBER OF SERVICE	Res. Pct.
MOS TAXID	Command 075-075 PRECINCT	Rank POF	Shield		
Appointment Date 01/06/2016			Years Employed 4		
Nickname/Alia /Mic	ddle Name				
On Duty	In Uniform	Squad	Chart	Primary Assignment	
PERSON TESTS		•	·		

L	Comments					
_ [i	ncident Documents					
F	Property		Property Status			
E	Evidence					
Н		Evidence Coll	ection Team Crime Scene Request	ed	Who Responded	ECT/CSU Run No.
4	ATTACHMENT					
3	'574917 - CC audio attached 'ICAD 20102500321' 'ICAD 20102501238'	d to ICMS.'				
4	'NYPD Detailed Report -	_				
⊩	Location Type OCCURRENCE	Jurisdiction	In or Near NYPD Command	PCT 075-075 PRECINCT	Common Locations Outside of	NYC

ncident Locati	on List						
Location Type OCCURRENCE Jurisdiction		RRENCE 075-075		PCT 075-075 PRECINCT	Common Locations Outside	le of NYC	
Address Location NYC	Location Within	Street	City BROOKLYN	State NY	Zip	Apt #	Pct
Cross Street			Intersection of		Premise Type STREET	Indicate Premise Name if Known	Exact Location Within Premise Type, if Known
Occurrence/ From 10/25/2020 0	Effective On or 1:15	Occurrence 10/25/2020 0		Statement	of Details Specifi	c to this Location	

Topic/Subject: (Internal Affairs Log) INTERNAL AFFAIRS LOG
Details CCRB WILL INVESTIGATE THE FADO ALLEGATIONS AGAINST UNIFORMED MEMBERS OF THE SERVICE CONTAINED IN THIS LOG. THE NYPD WILL INVESTIGATE ALL OTHER ALLEGATIONS, INCLUDING FADO ALLEGATIONS AGAINST CIVILIAN MEMBERS OF THE SERVICE. THE INFORMATION PERTAINING TO THESE ALLEGATIONS AND THE SUBSEQUENT INVESTIGATION IS CONFIDENTIAL.
On October 25, 2020 at 0108 hours, the command Center Desk received a call from 911 Operator # 1988 regarding ICAD # 20102501238. Operator advised that unknown female C/V requested to speak with IAB and hung up prior to connection with IAB. C/v stated officers did not help her. Callback number of provided.
0135 hours, ICMS query of C/V's phone number returned no prior logs.
on one of the control
0141 hours, DAS-LITE query returned related ICAD # a 10-30 received at 0015 hours a (Dunkin Donuts). ICAD indicates that C/V was uncooperative. Incident assigned to 75C1-1 with additional response by 75B1-1, 75D1-1, 75RES5-1, and 75ST1-1. Incident finalized 10-90Y. ICAD attached to ICMS.
on her in the elevator, dragged her into an apartment, stole her phone and vehicle. C/V stated that 6-8 unknown Police officers responded and told C/V they cannot help her because she could not identify the perpetrators and she appeared to be highly intoxicated. C/V stated she is able to identify the perpetrators and they were in the vicinity of the incident after the Police responded and the officers refused to approach them and speak with them. C/V stated that she had no way to get home safely and the officers refused to drive her home or request EMS when she asked to go to the hospital. C/V further stated that the officers did not have their body worn cameras activated and the officers refused to provide their name and shield numbers. C/V then begins to explain that she believes the officers may have been in on the robbery because they "knew to much" and refused to speak with the perpetrators who were still in the area and refused to help her. C/V stated they knew what she was going to say prior to her saying it.
0210 hours, CC audio with C/V attached to ICMS.
0215 hours, DAS-LITE Resource Recap of the 75 Precinct on 10/25/20 for the 1st Platoon returned the following officers assigned to the above units: 75B1-1: PO
0230 hours, DAS-LITE query of ' 80" returned an NYPD Detailed Report for a male black residing at the address provided. C/V has 11 prior arrests including a prior gun charge. No prior EDP history documented on report. Report attached to ICMS.
0235 hours, Sgt. Command Center Desk notified.
0249 hours, IAB Duty Executive, Deputy Inspector notified. Recommends C/V's allegation of the officers "in on the robbery" investigated as Fail to take Police Action. Recommends OG to the 75 Precinct.

List of Persons Added/Updated in the Log

Person's Last Name, First M.I. ELDIASTY, MOHAMED			Role SUBJECT	Status UNIFORM MEMBER OF SERVICE	Res. Pct.
MOS TAXID 954765	Command 075-075 PRECINCT	Rank POM	Shield 03051		
Appointment Da 07/09/2013	ate		Years Employed 7		
Nickname/Alias	/Middle Name				

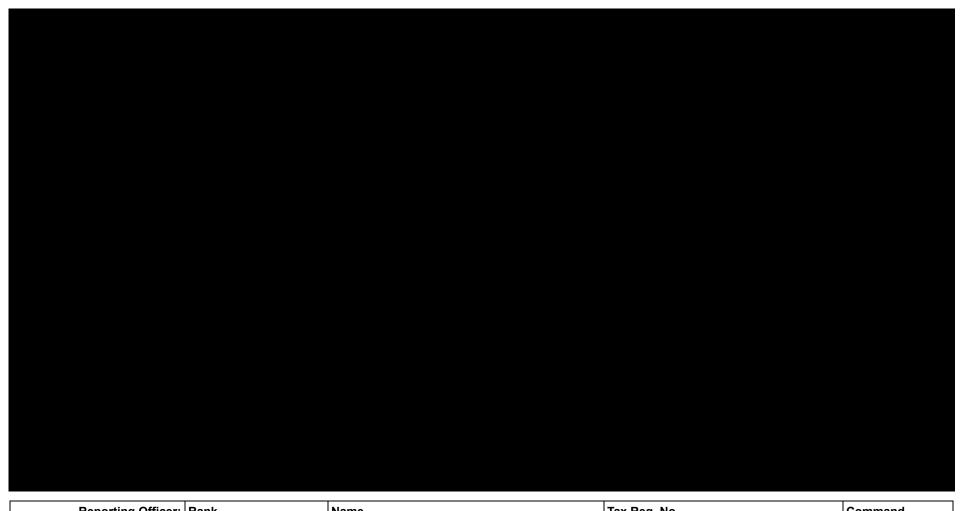
	llegations							
1	Full Allegation Fail to Take Police Action - On Other Incident	Classification Abuse of Dept Regulations	Allegation Index Fail to Take Action/Investigate/Complete Report	Allegation Date 10/28/2020	Finding 12 - Unsubstantiated	Finding Date 01/08/2021	Allegation Removed NO	Allegation Disposition
	Comments The undersigned conducted an informatheir response to the scene.	ıl interview of the su	bject officer and based on the testim	ony and the de	epartment's record	s the officer	took appropria	te action upon
2	Full Allegation Fail to Prepare Report - Complaint Report	Classification Abuse of Dept Regulations	Allegation Index FTR-Fail to Take/Make Report	Allegation Date 10/28/2020	10 - Unfounded	Finding Date 01/08/2021	Allegation Removed NO	Allegation Disposition
	Comments The undersigned conducted an informatheir response to the scene.	ıl interview of the su	bject officer and based on the testim	ony and the de	epartment's record	s the officer	took appropria	te action upon
3	Full Allegation Fail to Prepare Report - Aided Report	Classification Abuse of Dept Regulations	Allegation Index FTR-Fail to Take/Make Report	Allegation Date 10/28/2020	07 -	Finding Date 01/08/2021	Allegation Removed NO	Allegation Disposition
3		Abuse of Dept Regulations	FTR-Fail to Take/Make Report	Date 10/28/2020	07 - Substantiated	Date 01/08/2021	Removed NO	Allegation Disposition

The undersigned conducted an informal interview of the subject officer and based on the testimony and the department's records the officer failed to request a bus to respond upon the request of the complainant. Officer was instructed that he is obligated to request and or render medical aid to a member of the public who makes a reasonable request for such.

5	Full Allegation FADO Abuse of Authority - Fail to Provide Medical Care	Classification Abuse of Dept Regulations	Allegation Index FADO	Allegation Date 10/28/2020	Finding 07 - Substantiated	Date	Allegation Removed NO	Allegation Disposition
	Comments The under igned conducted an informa respond upon the request of the complarea onable reque t for uch							
6	Full Allegation Fail to Provide Name/Shield -	Classification Abuse of Dept Regulations	Allegation Index VRP-Violation Rules/Procedures	Allegation Date 10/28/2020	Finding 10 - Unfounded	Finding Date 01/08/2021	Allegation Removed NO	Allegation Disposition
	Comments Ba ed on the officer' te timony and de	pt record the officer	did not withhold hi hield and nam	e from compl	ainant			
7	Full Allegation FADO Abuse of Authority - Fail to Provide Name/Shield	Classification Abuse of Dept Regulations	Allegation Index FADO	Allegation Date 10/28/2020	Finding 10 - Unfounded	Finding Date 01/08/2021	Allegation Removed NO	Allegation Disposition
	Comments Ba ed on the officer' te timony and de	pt record the officer	did not withhold hi hield and nam	e from compl	ainant		1	1

Person's Last Na	ame, First M.I.		Role SUBJECT	Status UNIFORM MEMBER OF SERVICE		
MOS TAXID	Command 075-075 PRECINCT	Rank POF	Shield		,,	
Appointment Dat 01/06/2016	te		Years Employed 4			

Nickname/Alia /Middle Name



Reporting Officer:	Rank DT3	Name GUZZETTA KEITH		Tax Reg. No. 930295		Command CC-
Reviewing Supervi or	Manner of Clo ing	Date Reviewed 10/28/2020	Date of Next Review	Name DELPILAR ANA		Supv Tax No 930016
Endorser:	Rank SGT	Name MASSEY SETH	Tax Reg. No. 923453	Command CC-	DateTime Reviewed	Status
	Comments					
Endorser:	Rank DT2	Name DELPILAR ANA	Tax Reg. No. 930016	Command ADM-	DateTime Reviewed	Status
	Comments OG 75					

Worksheet - Case Assigned				FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 10/28/2020	_	
Date Reported	•			- -	Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No.	Worksheet Tracking No. 1388757

Topic/Subject	Activity Date	Activity Time
(Case Assigned) CASE ASSIGNED	10/28/2020	00:00

Follow-Up Information
The Case Has Been Created For 924910 - TREVOR AUSTIN By 924147-MASTRONARDI JOHN

Reporting Officer:				•	Command 999-
Reviewing Supervisor:	_	Date Reviewed 10/28/2020	Date of Next Review		Supv. Tax No. 999999

Worksheet - No Complainant Notification				Group 075-075 PRECIN Date of Thi Re 11/08/2020	_	
-				Folder Type OUTSIDE GUIDELINES	 Follow-Up No.	Worksheet Tracking No. 1399492

Topic/Subject	Activity Date	Activity Time
(No Complainant Notification) NO COMPLAINANAT NOTIFICATION	11/08/2020	00 00

Per on' La t Name, Fir t M I		Sex	Race	Role	Statu
Nickname/Alias/Middle Name		DOB	Age	Age From	Age To
Height		Weight	Eye color	Hair color	Hair Length
Home Phone# Business Phone#		Beeper#	Cell Phone#	Email Address	Call Back Phone#

Follow-Up Information
No Complainanat Notification

SYSTEM

Reporting Officer				Tax Reg No 999999	Command 999-
Reviewing Supervisor:	ı — — — — — — — — — — — — — — — — — — —	Date Reviewed 11/08/2020			Supv. Tax No. 999999

Worksheet - Inactivity For 30 Days				FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 12/09/2020	_	
•	Date Assigned 10/28/2020	•		- -	Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No.	Worksheet Tracking No. 1434911

Topic/Subject	Activity Date	Activity Time
(Inactivity For 30 Days) INACTIVITY FOR 30 DAYS	12/09/2020	00:00

Follow-Up Information Inactivity For 30 Days

SYSTEM

Reporting Officer				Tax Reg. No. 999999	Command 999-
Reviewing Supervisor	Manner of Closing	Date Reviewed 12/09/2020			Supv. Tax No. 999999

Worksheet - Case Acknowledged				FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 12/16/2020	_	
Date Reported	•	•		Folder Type OUTSIDE GUIDELINES		Follow-Up No. 5	Worksheet Tracking No. 1442112

Topic/Subject	Activity Date	Activity Time
(Case Acknowledged) CASE ACKNOWLEDGED	12/16/2020	00:00

Follow-Up Information
The Case Acknowledged By
Taxid: 924910
Name: AUSTIN, TREVOR
Rank: SGT

Command: 075 - 075 - 75TH PRECINCT Date: 2020-12-16 Time: 00:46:13

Reporting Officer:	Rank 999			Tax Reg. No. 999999	Command 999-
Reviewing Supervisor:	Manner of Closing	Date Reviewed 12/16/2020		Name SYSTEM GENERATED	Supv. Tax No. 999999

	nal Case Manage sheet - Complai		king on Attempt (ICMT)		FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 12/17/2020	_
Date Reported 10/28/2020		IAB Log No. 2020-25086		Folder Type OUTSIDE GUIDELINES	Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No.	Worksheet Tracking No. 1443145

Topic/Subject (Complainant Notification Attempt (ICMT)) UNSUCCESSFUL COMPLAINANT NOTIFICATION ATTEMPT

Activity Date 12/16/2020 09:44

Person's Last Nam	e, First M.I.	Sex MALE	Race	Role COMPLAINANT	Status CIVILIAN NON MEMBER OF SERVICE
Nickname/Alias/Mi	ddle Name	DOB 1980	Age 40	Age From	Age To
Height		Weight	Eye color	Hair color	Hair Length
Home Phone#	Business Phone#	Beeper#	Cell Phone#	Email Address	Call Back Phone#

Attempt

Method of Contact

Telephone - Yes , Email (Must Attach Email) - Yes

Unable to contact complainant due to the fact that they did not provide any contact information (no name, address, phone or email). No

Comments

attempted to contact complainant using the telephone # provided in the original complainant, however, the # seems to be disconnected. I also sent a an email still waiting a response.

ATTACHMENT

DOC

'copy of email'

Reporting Officer:	Rank SGT			Tax Reg. No. 924910		Command 075-075 PRECINCT
Reviewing Supervisor:	Manner of Closing	Date Reviewed 12/17/2020	Date of Next Review	Name AUSTIN TREVOR		Supv. Tax No. 924910
Endorser:	Rank	Name	Tax Reg. No.	Command	DateTime Reviewed	Status

SGT	AUSTIN TREVOR	924910	075-075 PRECINCT	12/17/2020 01:14	Approved
Comments SELF SIGNOFF					

- POAN I MICHI	Worksheet - Complainant Notification Attempt (ICMT)				FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 01/04/2021	_
•	Date Assigned 10/28/2020			, ,,	Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No. 7	Worksheet Tracking No. 1458112

Topic/Subject	Activity Date	Activity Time
(Complainant Notification Attempt (ICMT)) UNSUCCESSFUL ATTEMPT TO REACH COMPL.	01/04/2021	04:10

Person's Last Name	e, First M.I.	Sex MALE	Race	Role COMPLAINANT	Status CIVILIAN NON MEMBER OF SERVICE
Nickname/Alias/Mic	idle Name	DOB /1980	Age 40	Age From	Age To
Height		Weight	Eye color	Hair color	Hair Length
Home Phone#	Business Phone#	Beeper#	Cell Phone#	Email Address	Call Back Phone#

Attempt

Method of Contact

Telephone - Yes

Unable to contact complainant due to the fact that they did not provide any contact information (no name, address, phone or email). No

Comments

the undersigned attempted to contact the complainant via cellphone however the telephone number provided by comp is still disconnected.

ATTACHMENT

Reporting Officer:				Tax Reg. No. 924910		Command 075-075 PRECINCT
Reviewing Supervisor:	Manner of Closing	Date Reviewed 01/04/2021	Date of Next Review	Review Name AUSTIN TREVOR		Supv. Tax No. 924910
Endorser:	-	Name AUSTIN TREVOR	Tax Reg. No. 924910	Command 075-075 PRECINCT	DateTime Reviewed 01/04/2021 04:25	Status Approved
	Comments SELF SIGNOFF					

- POAN I MICHI	Worksheet - Complainant Notification Attempt (ICMT)				FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 01/08/2021	_
•				,	Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No. 8	Worksheet Tracking No. 1463337

Topic/Subject
(Complainant Notification Attempt (ICMT)) SNAIL MAIL REQUESTING A RESPONSE FROM MR 01/04/2021 Activity Date 01/04/2021 05:06

Person's Last Nam	ne, First M.I.	Sex MALE	Race	Role COMPLAINANT	Status CIVILIAN NON MEMBER OF SERVICE
Nickname/Alias/Mi	ddle Name	DOB /1980	Age 40	Age From	Age To
Height		Weight	Eye color	Hair color	Hair Length
Home Phone#	Business Phone#	Beeper#	Cell Phone#	Email Address	Call Back Phone#

Attempt

Method of Contact

Letter (Must Attach Letter) - Yes

Unable to contact complainant due to the fact that they did not provide any contact information (no name, address, phone or email). No

Comments

The undersigned did forward a written letter seeking his response to the current case via Department main, but there was no response from Mr.

ATTACHMENT

1 DOC

'typed letter to Mr

Reporting Officer:		Name AUSTIN TREVOR		Tax Reg. No. 924910		Command 075-075 PRECINCT
Reviewing Supervisor:	Manner of Closing	Date Reviewed 01/08/2021	Date of Next Review	Name AUSTIN TREVOR		Supv. Tax No. 924910
Endorser:	-		Tax Reg. No. 924910	Command DateTime Reviewed 075-075 PRECINCT 01/08/2021 01:14		Status Approved

-MATIME				FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 01/08/2021	_	
	Date Assigned 10/28/2020	_		Folder Type OUTSIDE GUIDELINES	, , , , , , , , , , , , , , , , , , ,	Follow-Up No.	Worksheet Tracking No. 1463374

Topic/Subject (Allegation Finding (ICMT)) INFORMAL INTERVIEW WITH SUBJECT	CT OFFICER		Activity Date 12/23/2020	Activity Time 01:30
	1	1		
Person's Last Name, First M.I.	Role	Status	-DVICE	

Person's Last Name ELDIASTY, MOHAM		Role SUBJECT			
MOS TAXID 954765	Command 075-075 PRECINCT	Rank POM	Shield 03051		
Appointment Date 07/09/2013		Years Employed 7			
Sex MALE		Race WHITE			

Α	legations							
1	Full Allegation Fail to Take Police A Other Incident	action - On	Finding 12 - Unsubstantiated					
			ed conducted an informal interview ion upon their response to the scen		stimony and the department's records the officer took			
2	Full Allegation Fail to Prepare Report - Complaint Report		Finding 10 - Unfounded	Finding Date 01/08/2021	Allegation Removed NO			
			ed conducted an informal interview ion upon their response to the scen		stimony and the department's records the officer took			
3	_		Finding Date 01/08/2021 Allegation Removed NO					
		Comments After interviewi	ng the subject and reviewing Depar	tment records the subject officer should h	ave prepared an aided report after requesting a bus for			

		the complainar	nt.						
4	Full Allegation Fail to Provide Medic	cal Care -	Finding 07 - Substantiated	Finding Date 01/08/2021	Allegation Removed				
		Comments The undersigned conducted an informal interview of the subject officer and based on the testimony and the department's records request a bus to respond upon the request of the complainant. Officer was instructed that he is obligated to request and or render member of the public who makes a reasonable request for such.							
;	Full Allegation FADO Abuse of Auth Provide Medical Care		Finding 07 - Substantiated	Finding Date 01/08/2021	Allegation Removed NO				
		request a bus t		omplainant. Officer was instructed that he	stimony and the department's records the officer failed to e is obligated to request and or render medical aid to a				
	Full Allegation Fail to Provide Name	e/Shield -	Finding 10 - Unfounded	Finding Date 01/08/2021	Allegation Removed				
		Comments Based on the c	officer's testimony and dept. records	the officer did not withhold his shield and	I name from complainant.				
		Full Allegation FADO Abuse of Authority - Fail to Provide Name/Shield Finding 10 - Unfounded		Finding Date 01/08/2021	Allegation Removed NO				
		I name from complainant.							

ATTACHMENT

Details

Final Disposition Note
After investigating each allegation of complainant a finding of substantiated was recommended for failure to request and or provide medical attention to the complainant.

Reporting Officer:				Tax Reg. No. 924910		Command 075-075 PRECINCT	
Reviewing Supervisor:		Date Reviewed 01/08/2021	Date of Next Review	Name MASTRONARDI JOHN		Supv. Tax No. 924147	
Endorser:		Name AUSTIN TREVOR	Tax Reg. No. 924910	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 03:23	Status Approved	
	Comments SELF SIGNOFF						
Endorser:		Name MASTRONARDI JOHN	Tax Reg. No. 924147	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 05:00	Status Approved	
	Comments						

CANDIMP.				FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 01/08/2021	_	
•	Date Assigned 10/28/2020	_		, ,,	Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No.	Worksheet Tracking No. 1463375

Topic/Subject	Activity Date	Activity Time
(Investigation Acknowledgment) INFORMAL INTERVIEW WITH SUBJECT OFFICER	12/23/2020	01:30

All your investigative work should be completed and documented in the case and all supporting documents attached because after you complete this worksheet it will be submitted to an Executive for their review and approval of your findings. Once the Executive approves your worksheet, you will be required to notify the complainant and the subject officer of the findings before you complete a Case Closing Worksheet.

Question 1: HAVE YOU DOCUMENTED YOUR INTERVIEW OF THE COMPLAINANT/VICTIM/WITNESS ON THE APPROPRIATE INTERVIEW WORKSHEETS?

Question 2: HAVE YOU DOCUMENTED YOUR INTERVIEW OF ANY MOS IN THE CASE(EITHER UNDER PG 206 OR INFORMAL) ON THE APPROPRIATE INTERVIEW WORKSHEETS?

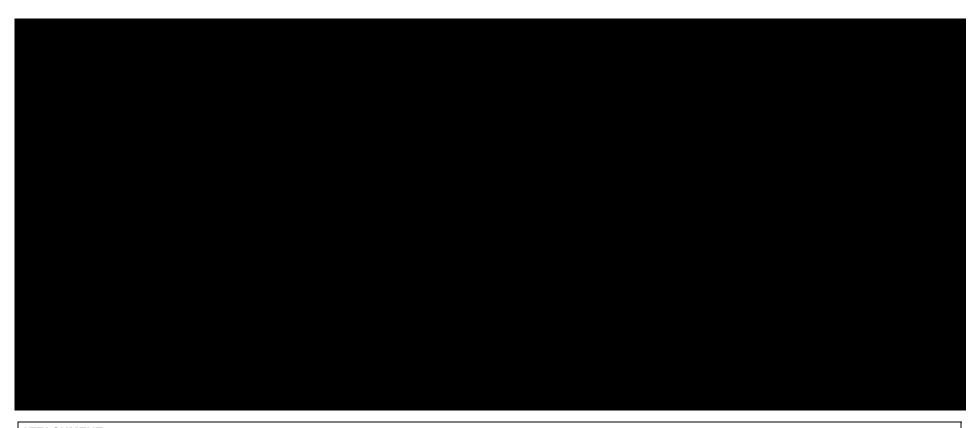
Question 3: HAVE YOU DOCUMENTED YOUR REVIEW OF ALL DEPARTMENT RECORDS ON PD RECORDS REVIEW WORKSHEETS AND ATTACHED ALL OF THE APPROPRIATE DOCUMENTS?

Reporting Officer:	Rank SGT	Name AUSTIN TREVOR		Tax Reg. No. 924910		Command 075-075 PRECINCT	
Reviewing Supervisor:	Manner of Closing	Date Reviewed 01/08/2021	Date of Next Review	Name AUSTIN TREVOR			
Endorser:	Rank SGT	Name AUSTIN TREVOR	Tax Reg. No. 924910	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 03:23	Status Approved	
	Comments SELF SIGNOFF						

- COARTMON	Manufact Allegation Finalism (ICMT)					Group 075-075 PRECIN Date of This Re 01/08/2021	_
	Date Assigned 10/28/2020			, ,,	Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No. 11	Worksheet Tracking No. 1463378

Topic/Subject	Activity Date	Activity Time
(Allegation Finding (ICMT)) INFORMAL INTERVIEW WITH SUBJECT OFFICER	12/23/2020	01:30

Person's Last Name	e, First M.I.	Role SUBJECT					
MOS TAXID	Command 075-075 PRECINCT	Rank POF	Shield				
Appointment Date 01/06/2016		Years Employed 4					
Sex FEMALE		Race BLACK					



ATTACHMENT

Details

Final Disposition Note

After investigating each allegation of complainant a finding of substantiated was recommended for failure to request and or provide medical attention to the complainant. Officer was reinstructed on their requirement of requesting aid for members of the public requesting it within reason.

Reporting Officer:	Rank SGT	Name AUSTIN TREVOR			Tax Reg. No. 924910		
Reviewing Supervisor:	Manner of Closing	Date Reviewed 01/08/2021	Date of Next Review	Name MASTRONARDI JOHN	Name MASTRONARDI JOHN		
Endorser:	Rank SGT	Name AUSTIN TREVOR	Tax Reg. No. 924910	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 03:35	Status Approved	
	Comments SELF SIGNOFF						
Endorser:	Rank INS	Name MASTRONARDI JOHN	Tax Reg. No. 924147	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 05:01	Status Approved	
	Comments						

	nal Ca e Manage ssheet - Investiga				FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of Thi Re 01/08/2021	_
Date Reported 10/28/2020Date Assigned 10/28/2020IAB Log No. 2020-25086Case No. (075) OG-2020-12433Folder Type OUTSIDE GUIDELINES					, , , , , , , , , , , , , , , , , , ,	Follow-Up No.	Worksheet Tracking No. 1463379

Topic/Subject	Activity Date	Activity Time
(Inve tigation Acknowledgment) INFORMAL INTERVIEW WITH SUBJECT OFFICER	12/23/2020	01 30

All your inve tigative work hould be completed and documented in the ca e and all upporting document attached becau e after you complete thi work heet it will be submitted to an Executive for their review and approval of your findings. Once the Executive approves your worksheet, you will be required to notify the complainant and the ubject officer of the finding before you complete a Ca e Clo ing Work heet

Question 1: HAVE YOU DOCUMENTED YOUR INTERVIEW OF THE COMPLAINANT/VICTIM/WITNESS ON THE APPROPRIATE INTERVIEW WORKSHEETS?

Question 2: HAVE YOU DOCUMENTED YOUR INTERVIEW OF ANY MOS IN THE CASE(EITHER UNDER PG 206 OR INFORMAL) ON THE APPROPRIATE INTERVIEW WORKSHEETS?

Question 3: HAVE YOU DOCUMENTED YOUR REVIEW OF ALL DEPARTMENT RECORDS ON PD RECORDS REVIEW WORKSHEETS AND ATTACHED ALL OF THE APPROPRIATE DOCUMENTS?

Reporting Officer:	Rank SGT	Name AUSTIN TREVOR		Tax Reg. No. 924910		Command 075-075 PRECINCT
Reviewing Supervi or	Manner of Clo ing	Date Reviewed 01/08/2021	Date of Next Review	Name AUSTIN TREVOR		
Endorser:	Rank SGT	Name AUSTIN TREVOR	Tax Reg. No. 924910	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 03:35	Status Approved
	Comments SELF SIGNOFF					

- POAN I MICHI	nal Case Manage sheet - Complai		king on Of Findings (ICMT)		FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 01/08/2021	-
Date Reported Date Assigned IAB Log No. Case No. 10/28/2020 10/28/2020 2020-25086 (075) OG-2020-12433				,	Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No.	Worksheet Tracking No. 1463419

Topic/Subject (Complainant Notification Of Findings (ICMT)) ATTEMPT, COMPLAINANT NOTIFICATION

Activity Date 01/08/2021 00:00

Person's Last Name, First M.I.		Sex MALE	Race	Role COMPLAINANT	Status CIVILIAN NON MEMBER OF SERVICE
Nickname/Alias/Middle Name		DOB /1980	Age 40	Age From	Age To
Height		Weight	Eye color	Hair color	Hair Length
Home Phone# Business Phone#		Beeper#	Cell Phone#	Email Address	Call Back Phone#

Attempt

Method of Contact

Comments

Complainant was notified of findings via typed letter forwarded through department mail.

ATTACHMENT

DOC DOC

<u>'1610103006172</u> bowenletter.docx'

Reporting Officer:		Name AUSTIN TREVOR		Tax Reg. No. 924910		Command 075-075 PRECINCT
Reviewing Supervisor:	Manner of Closing	Date Reviewed 01/08/2021	Date of Next Review	Name AUSTIN TREVOR		
Endorser:	-	Name AUSTIN TREVOR	Tax Reg. No. 924910	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 05:50	Status Approved
	Comments SELF SIGNOFF					

	nal Ca e Manage ssheet - Subject I		king Findings (ICMT)		FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of Thi Re 01/08/2021	_
-	Date Reported 10/28/2020 Date Assigned 10/28/2				Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No. 14	Worksheet Tracking No. 1463423

Topic/Subject (Subject Notification	Of Finding (ICMT)) SUBJECT NOTIFICA	Activity Date 01/08/2021	Activity Time 05 50			
Per on' La t Name ELDIASTY, MOHAM		Role SUBJECT	Statu UNIFORM MEN	Statu UNIFORM MEMBER OF SERVICE		
MOS TAXID 954765 Command 075-075 PRECINCT		Rank POM	Shield 03051			
Appointment Date 07/09/2013		Years Employed 7	Years Employed 7			

Race WHITE

Sex MALE

Α	llegations				
1	Full Allegation Fail to Take Police A Other Incident	Action - On	Finding 12 - Unsubstantiated	Finding Date 01/08/2021	Allegation Removed
			ed conducted an informal interview ion upon their re pon e to the ca		imony and the department's records the officer took
2	Full Allegation Fail to Prepare Rep Report	ort - Complaint	Finding 10 - Unfounded	Finding Date 01/08/2021	Allegation Removed
		_	ed conducted an informal interview ion upon their response to the sce		imony and the department' record the officer took
3	Full Allegation Fail to Prepare Report - Aided Report		Finding 07 - Substantiated	Finding Date 01/08/2021	Allegation Removed
	Comment After interviewing		ng the subject and reviewing Dep	artment records the subject officer should ha	ive prepared an aided report after requesting a bus for

	t	the complainan	t.		
4	Full Allegation Fail to Provide Medica	al Care	Finding 07 Sub tantiated	Finding Date 01/08/2021	Allegation Removed NO
	r	request a bus to	ed conducted an informal interview of the subject or o respond upon the request of the complainant. Of public who makes a reasonable request for such.		
5	Full Allegation FADO Abuse of Author Provide Medical Care		Finding 07 - Substantiated	Finding Date 01/08/2021	Allegation Removed NO
	r	request a bus to	ed conducted an informal interview of the subject or o respond upon the request of the complainant. Of public who makes a reasonable request for such.		
6	Full Allegation Fail to Provide Name/	/Shield -	Finding 10 - Unfounded	Finding Date 01/08/2021	Allegation Removed NO
		Comments Based on the o	om complainant.		
7	Full Allegation FADO Abu e of Autho Provide Name/Shield		Finding 10 Unfounded	Finding Date 01/08/2021	Allegation Removed NO
		Comments Based on the o	fficer's testimony and dept. records the officer did r	not withhold his shield and name fr	om complainant.

Follow-Up Information
Findings were relayed to officers in person, Officers were also instructed by the undersigned.

ATTACHMENT

Reporting Officer:		Name AUSTIN TREVOR		Tax Reg. No. 924910		Command 075-075 PRECINCT
Reviewing Supervisor:	Manner of Closing	Date Reviewed 01/08/2021	Date of Next Review	Name AUSTIN TREVOR		Supv. Tax No. 924910
Endorser:	-	Name AUSTIN TREVOR	Tax Reg. No. 924910	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 05:53	Status Approved
	Comment SELF SIGNOFF					

Works	al Case Manage sheet - Subject I	ment and Trac Notification Of	king Findings (ICMT)		Top Allegation FAIL TO PROVID	Top Allegation FAIL TO PROVIDE MEDICAL CARE -		Group 075-075 PRECINCT Date of This Report 01/08/2021	
	Date Assigned 10/28/2020	IAB Log No. 2020-25086	Case No. (075) OG-2020-12433	Folder Type OUTSIDE GUIDELINES	Preliminary Case OUTSIDE GUIDE	e Type ELINES	Follow-Up No. 15	Worksheet Tracking No 1463426	
opic/Subject Subject Notification	on Of Findings (I	CMT)) SUBJEC	CT NOTIFICATION			Activity Date 01/08/2021	Activity T 06:50	ïme	
'erson's Last Na	ame, First M.I.				Status UNIFORM MEMBER	R OF SERVICE			
IOS TAXID	Comr 075-0	mand 175 PRECINCT		Rank POF	Shield				
appointment Dat 1/06/2016	te			Years Employed 4					
ex EMALE				Race BLACK					



Follow-Up Information
The above Officer was informed of the findings in person and was instructed on her responsibility to request medical aid for the public as long as it can be done safely

ATTACHMENT

Reporting Officer:		Name AUSTIN TREVOR		Tax Reg. No. 924910		Command 075-075 PRECINCT
Reviewing Supervisor:	Manner of Closing	Date Reviewed 01/08/2021	Date of Next Review	Name AUSTIN TREVOR		Supv. Tax No. 924910
Endorser:	-	Name AUSTIN TREVOR	Tax Reg. No. 924910	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 05:59	Status Approved
	Comment SELF SIGNOFF					

- POAN I MICHI	nal Case Manage ssheet - Case Clo		king	FAIL TO PROVIDE MEDICAL CARE -	Group 075-075 PRECIN Date of This Re 01/08/2021	_
-	Date Assigned 10/28/2020	_		 Preliminary Case Type OUTSIDE GUIDELINES	Follow-Up No. 16	Worksheet Tracking No. 1463436

Topic/Subject	Activity Date	Activity Time
(Case Closing (ICMT)) CASE CLOSING	01/08/2021	06:45

Person's Last Name, First M.I.	Sex MALE	Race	Role COMPLAINANT	Status CIVILIAN NON MEMBER OF SERVIO	CE
Nickname/Alias/Middle Name		DOB 1980	Age 40	Age From	Age To
Height		Weight	Eye color	Hair color	Hair Length
Home Phone#	Business Phone#	Beeper#	Cell Phone#	Email Address	Call Back Phone#

Person's Last Nan ELDIASTY, MOHAN			Role SUBJECT	Status UNIFORM MEMBER OF SERVICE
MOS TAXID 954765	Command 075-075 PRECINCT	Rank POM	Shield 03051	
Appointment Date 07/09/2013		Years Empl 7	oyed	
Sex MALE		Race WHITE		

All	egations			
1	Full Allegation Fail to Take Police Action - On Other Incident	Allegation Index Fail to Take Action/Investigate/Complete Report	Allegation Date 10/28/2020	Finding 12 - Unsubstantiated
	Finding Date 01/08/2021	Comments The undersigned conducted an informal interview of the subject officer an the officer took appropriate action upon their response to the scene.	d based on the testimony a	nd the department's records

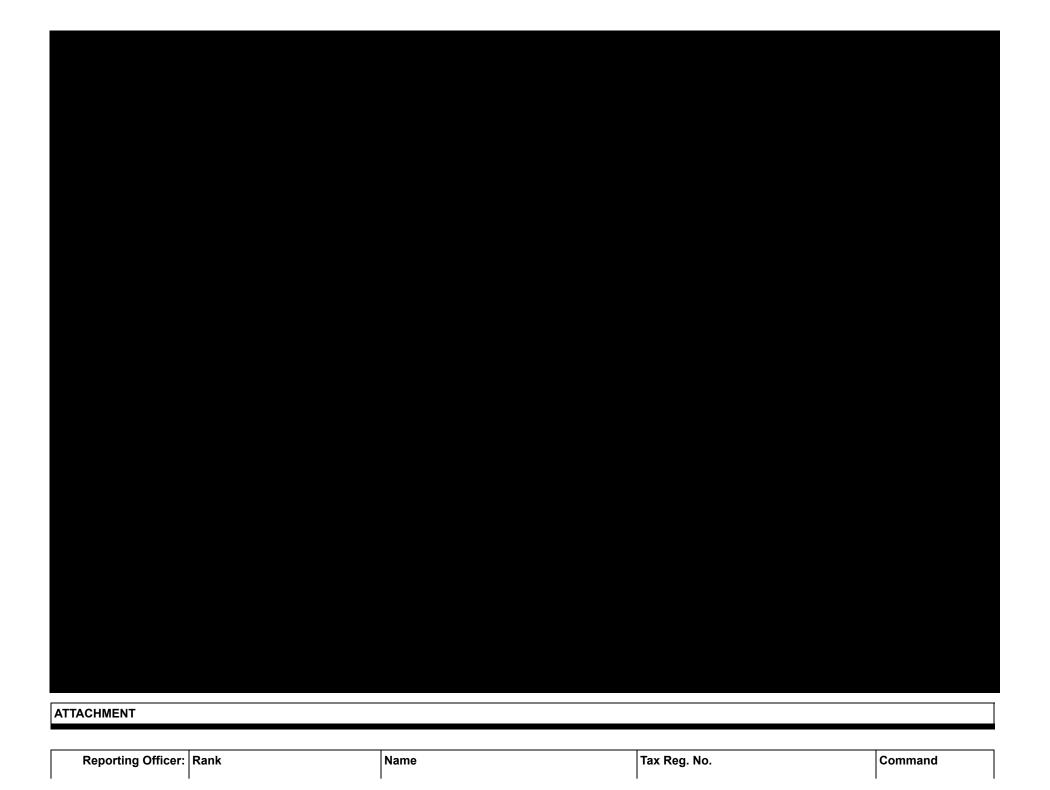
2	Full Allegation Fail to Prepare Report - Complaint Report	Classification Abuse of Dept Regulations	Allegation Index FTR-Fail to Take/Make Report	Allegation Date 10/28/2020	Finding 10 - Unfounded
	Finding Date 01/08/2021		Comment The undersigned conducted an informal interview of the subject of the officer took appropriate action upon their refine to the cereation.		ny and the department's records
3	Full Allegation Fail to Prepare Report - Aided Report		Allegation Index FTR-Fail to Take/Make Report	Allegation Date 10/28/2020	Finding 07 - Substantiated
	Finding Date 01/08/2021		Comment After interviewing the subject and reviewing Department records treque ting a bu for the complainant	the subject officer should have p	prepared an aided report after
4	Full Allegation Fail to Provide Medical Care -	Classification Abuse of Dept Regulations	Allegation Index VRP-Violation Rules/Procedures	Allegation Date 10/28/2020	Finding 07 - Substantiated
	Finding Date 01/08/2021		Comments The under igned conducted an informal interview of the ubject of the officer failed to request a bus to respond upon the request of the request and or render medical aid to a member of the public who	the complainant. Officer was ins	tructed that he is obligated to
5	Full Allegation FADO Abuse of Authority - Fail to Provide Medical Care		Allegation Index FADO	Allegation Date 10/28/2020	Finding 07 - Substantiated
	Finding Date 01/08/2021		Comments The under igned conducted an informal interview of the ubject of the officer failed to request a bus to respond upon the request of the request and or render medical aid to a member of the public who	the complainant. Officer was ins	tructed that he is obligated to
6	Full Allegation Fail to Provide Name/Shield -	Classification Abuse of Dept Regulations	Allegation Index VRP-Violation Rules/Procedures	Allegation Date 10/28/2020	Finding 10 - Unfounded
	Finding Date 01/08/2021		Comments Ba ed on the officer' te timony and dept record the officer did	not withhold hi hield and nam	e from complainant
7	Full Allegation FADO Abuse of Authority - Fail to Provide Name/Shield	Classification Abuse of Dept Regulations	Allegation Index	Allegation Date 10/28/2020	Finding 10 - Unfounded
	Finding Date 01/08/2021		Comments Ba ed on the officer' te timony and dept record the officer did	not withhold hi hield and nam	e from complainant
	ctions Taken rbal Instruction - Yes	•			

			SUBJECT	UNIFORM MEMBER OF SERVICE
MOS TAXID	Command 075-075 PRECINCT	Rank POF	Shield	
Appointment Date 01/06/2016		Years Em	ployed	
Sex FEMALE		Race BLACK		



S	ubjects involved					
98 El	ame 54765 MOHAMED LDIASTY POM (075 75 PRECINCT)	Statu UNIFORM MEMBER OF SERV	/ICE	Sex MALE	Race WHITE	Dob /1989
Α	llegations					
1	Full Allegation Fail to Take Police Action On Other Incident	Cla ification Abuse of Dept Regulations	Allegation Index Fail to Take Action/Investigate/Complete Report	Allegation Date 10/28/2020	Finding 12 - Unsubstantiated	Finding Date 01/08/2021
		Comments The undersigned conducted ar appropriate action upon their re	n informal interview of the subject officer and based on esponse to the scene.	the testimony and the	department's records the	ne officer took
2	Full Allegation Fail to Prepare Report Complaint Report	Cla ification Abuse of Dept Regulations	Allegation Index FTR-Fail to Take/Make Report	Allegation Date 10/28/2020	Finding 10 - Unfounded	Finding Date 01/08/2021
		Comments The undersigned conducted ar appropriate action upon their re	n informal interview of the subject officer and based on esponse to the scene.	the testimony and the	department's records the	ne officer took
3	Full Allegation	Classification	Allegation Index	Allegation Date	Finding	Finding Date

	Fail to Prepare Report - Aided Report	Abuse of Dept Regulations	FTR-Fail to Take/Make Report	10/28/2020	07 - Substantiated	01/08/2021
		Comment After interviewing the subject at for the complainant	nd reviewing Department records the subject officer sh	nould have prepared a	n aided report after requ	uesting a bus
CONTRACT	Full Allegation Fail to Provide Medical Care -	Classification Abuse of Dept Regulations	Allegation Index VRP-Violation Rules/Procedures	Allegation Date 10/28/2020	Finding 07 - Substantiated	Finding Date 01/08/2021
		to request a bus to respond upon	informal interview of the ubject officer and balled on the request of the complainant. Officer was instructed ake a real onable requelt for luch	the te timony and the	department' record to to request and or rende	ne officer failed er medical aid to
2000	Full Allegation FADO Abuse of Authority - Fail to Provide Medical Care	Classification Abuse of Dept Regulations	Allegation Index FADO	Allegation Date 10/28/2020	Finding 07 - Substantiated	Finding Date 01/08/2021
		to reque t a bu to re pond upo	informal interview of the subject officer and based on on the reque t of the complainant Officer wa in tructe akes a reasonable request for such.	the testimony and the	department's records to reque t and or rende	ne officer failed er medical aid to
100 mm	Full Allegation Fail to Provide Name/Shield -	Classification Abuse of Dept Regulations	Allegation Index VRP-Violation Rules/Procedures	Allegation Date 10/28/2020	Finding 10 - Unfounded	Finding Date 01/08/2021
		Comment Based on the officer's testimon	y and dept. records the officer did not withhold his shie	eld and name from cor	nplainant.	
			AU	Allegation Date	Finding	Finding Date
S. Carrier	Full Allegation FADO Abuse of Authority - Fail to Provide Name/Shield	Classification Abuse of Dept Regulations	Allegation Index FADO	10/28/2020	10 - Unfounded	01/08/2021
(1.00m)	FADO Abuse of Authority - Fail to	Abuse of Dept Regulations Comments				01/08/2021
	FADO Abuse of Authority - Fail to	Abuse of Dept Regulations Comments	FADO			01/08/2021



	SGT	AUSTIN TREVOR		924910		075-075 PRECINCT
Reviewing Supervisor:	Manner of Closing P - PARTIALLY SUBSTANTIATED	Date Reviewed 01/08/2021	Date of Next Review			Supv. Tax No. 924147
Endorser:	Rank SGT	Name AUSTIN TREVOR	Tax Reg. No. 924910	Command 075 075 PRECINCT	DateTime Reviewed 01/08/2021 06 51	Status Approved
	Comments SELF SIGNOFF					
Endor er	Rank INS	Name MASTRONARDI JOHN	Tax Reg No 924147	Command 075-075 PRECINCT	DateTime Reviewed 01/08/2021 07:41	Statu Approved
	Comments					